



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JAN 16 2020

ADMINISTRATIVE ORDER

No. 2019-~~1~~ 2020 - 0002

SUBJECT: Guidelines for the Accreditation of Civil Society Organizations (CSOs) as Implementing Entities of Programs and Projects of the Department of Health

I. BACKGROUND/ RATIONALE

The 1987 Philippine Constitution promotes participation of non-governmental, community-based, or sectoral organizations in government especially in policies and programs that affect the depressed and underserved communities in both urban and rural areas in the country.

Furthermore, R.A. No. 11223 otherwise known as the Universal Health Care (UHC) Act enunciates the policy of the State to develop a framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach in the development, implementation, monitoring, and evaluation of health, policies, programs and plans. The framework contemplates a partnership between the public and private sectors in the successful implementation of health-related programs and projects towards UHC. Specifically, this Order shall support the implementation of UHC reforms, F1Plus strategies and National Objectives for Health (NOH) targets through engaging and partnering with Civil Society Organizations (CSOs).

Also, Section 67 (c) and Section 71 (c) of the General Provisions of the General Appropriations Acts (GAAs) for the Fiscal Years 2018 and 2019, respectively, require that CSOs be accredited by government agencies as implementing entities of programs and projects prior to the transfer of any government funds provided that said CSOs are selected in accordance with the provisions of R.A. No. 9184, also known as the Government Procurement Reform Act, and such other applicable rules and regulations.

The Department of Health (DOH) recognizes the significant role of CSOs in policy formulation, program development and implementation, achievement of health goals, and involvement in relevant government processes which will collectively aide in the delivery of quality health care. To ensure effective partnership between CSOs and DOH, there is a need to establish a process of accreditation to ascertain the capacity and qualification of CSOs as partners in health care and development.

II. OBJECTIVES

General Objective

To provide standard and harmonized guidelines for the accreditation of CSOs that may be selected as implementing entities for programs and projects of the Department of Health.

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Specific Objectives

- A. To ensure that CSOs are qualified under law to participate in the implementation of various programs and projects of the DOH with the goal of upgrading the healthcare system towards UHC;
- B. To provide the requirements and process for accreditation of CSOs, including revocation, disqualification and blacklisting proceedings, and appeals therefrom;
- C. To provide the roles and responsibilities of stakeholders in the accreditation of CSOs.

III. SCOPE AND COVERAGE

This Order shall apply to all DOH Offices, Centers for Health Development (CHDs), DOH Hospitals, Special and Specialty Hospitals, Sanitaria, Treatment and Rehabilitation Centers, all DOH attached agencies, the Ministry of Health- Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), and CSOs.

IV. DEFINITION OF TERMS

- A. Civil Society Organization (CSO) –a domestic, non-stock, non-profit corporation, organization or association, or cooperative, expressing the interest and values of their members or others, based on socio-economic, ethical, cultural and scientific considerations, duly registered with the Securities and Exchange Commission (SEC), Cooperative Development Authority (CDA), and Department of Labor and Employment (DOLE), as the case may be.
- B. Accreditation- the process by which a CSO is certified by the DOH to have complied with the qualifications as an implementing entity of programs and projects for specific Technical Areas or Foci of Activity as a requirement for transfer of government or public funds subject to the provisions of R.A. No. 9184 or the Government Procurement Reform Act .
- C. Technical Area or Focus of Activity- Specific areas of implementation for the promotion of health, provision of health services and facilities and such other activities, including but not limited to the following: Delivery of Basic Services, Health Promotion, Health Human Resource Development, Disease Prevention and Control, Sexually Transmitted Infections (e.g. HIV/AIDS), Traditional and Alternative Health Care, Health Research and Development, Medicine Access, Environmental Sanitation and Access to Safe Water, Health Governance, Women and Youth Empowerment, Reproductive Health and Family Planning, Rehabilitation and Recovery Support, Food Safety, Communicable Diseases, Health Emergency Management, Persons with Disabilities (PWD), Senior Citizens, Gender and Development, and Infant and Child Health, and any other health related programs and projects.
- D. Accreditation Committee- A committee composed of designated members which shall deliberate the application for accreditation of CSO among other functions provided in this Order. An Accreditation Committee may be Central or Regional. The Central Accreditation Committee refers to that established in the Central Office. Regional Accreditation Committees refer to those established in the Centers for Health Development (CHDs).

V. GENERAL GUIDELINES

- A. Consistent with the provisions of the UHC Law and its IRR, this Order shall cover the process, criteria and requirements for accreditation, revocation of accreditation, administration of the accreditation system, and other pertinent rules and regulations which will apply to CSO accreditation.
- B. This Order is meant to ensure that CSOs are qualified to be implementing entities of programs and projects of the DOH prior to the transfer of government or public funds subject to the provisions of R.A. No. 9184. This Order does not include the accreditation of Beneficiary CSOs or groups of individuals directly affected by a calamity, crisis or a particular social condition or problem.
- C. The selection of CSOs, the transfer of funds to the CSOs, and the liquidation or audit of transferred funds by the DOH, are subject to separate guidelines of the Commission on Audit (COA) and the Government Procurement Policy Board (GPPB).
- D. The accreditation of CSOs herein provided shall not in any way be construed to preclude government agencies other than the DOH or local government units from accrediting CSOs which have health related Technical Areas or Foci of Activity to act as implementing entities for their respective various programs and projects.
- E. CSOs which may be invited as observers in procurement proceedings shall be governed by the provisions of R.A. No. 9184 and its Implementing Rules and Regulations as well as other pertinent issuances of the GPPB.

VI. SPECIFIC GUIDELINES

A. ACCREDITATION COMMITTEE

- 1. Composition. Under this Order, Accreditation Committee may either be Central or Regional. The Central and Regional Accreditation Committees shall be composed of the following:

- a. Central Accreditation Committee:

Chairperson: Assistant Secretary of Health for Health Regulation Team (HRT)

Vice-Chairperson: Director of Legal Service

Members: Division Chief or higher from the following Offices:

- 1. Disease Prevention and Control Bureau (DPCB);
- 2. Health Facilities Services and Regulatory Bureau (HFSRB);
- 3. Bureau of Local Health Systems Development (BLHSD); and
- 4. Financial and Management Service (FMS).

The Central Accreditation Committee shall be lodged with the Health Regulation Team (HRT) under the supervision of its Undersecretary.

b. Regional Accreditation Committee:

Chairperson: Regional Director

Vice-Chairperson: CHD Legal Officer

Members: Division Chief from the following Offices:

1. Local Health Support Division (LHSD);
2. Regional Licensing and Enforcement Division (RLED);
3. Health System Development Division (HSDD); and
4. Management Division (MD).

The Regional Accreditation Committee shall be lodged with the Office of the Regional Director, under the direct supervision its Regional Director.

2. Secretariat. The Central and Regional Accreditation Committees which shall be assisted by a Secretariat which may either be Central or Regional, as the case may be. The composition of the Secretariat is as follows:

a. Central Accreditation Secretariat: Technical and/or Administrative Staff from the Offices under the HRT. The Executive Assistant (EA) of the Chairperson shall at all times be part of the Central Accreditation Secretariat, unless otherwise disqualified under this Order.

b. Regional Accreditation Secretariat: Technical Staff from the LHSD, RLED and other divisions of the CHDs as may be needed.

A minimum of three persons shall compose a Secretariat. At least one member of the Secretariat should be a permanent employee and is part of the organizational structure of the Bureau/ Service/Program.

The Secretary of Health and the Regional Directors may designate alternate members of the Accreditation Committee and the Secretariat. The alternate members shall come from the respective offices of the original members except the designation of chairperson which shall be a Director from the Health Regulation Team (HRT), or the Assistant Regional Director, as the case may be. The alternate members shall exercise the functions of their respective original members in the latter's absence. The alternate members shall have the same term as the original members.

Within ten (10) working days from the effectivity of this Issuance, a Department Personnel Order (DPO) shall be issued by the Secretary of Health designating the personnel who shall compose the Accreditation Committee and Secretariat in the

Central Office. Within the same period, separate Regional Personnel Orders (RPOs) shall be issued by the Regional Directors designating the persons who shall compose the Accreditation Committees and their Secretariat in their respective CHDs.

3. Term. The Accreditation Committee and Secretariat shall serve a term of one (1) year from starting 1 January until 31 December of each year, subject to renewal.
4. Conflict of Interest. Members of the Accreditation Committee and the Secretariat shall not have any business, professional, personal, or any other interest in any CSO.

Members of the Accreditation Committee and the Secretariat shall accomplish a Conflict of Interest (COI) Form to identify actual or potential conflicts. The COI Form shall be submitted to the designating authority copy furnished the Personnel Division for inclusion in the 201 File of DOH officials and employees. A copy of the COI Form is attached as Appendix "1."

If any actual or potential conflict of interest arises while being a member of such Committee or Secretariat, he shall immediately inform his respective designating authority of such conflict. Failure to report such conflict of interest shall be ground for administrative liability under pertinent civil service rules and other applicable laws.

After evaluation of the conflict of interest, the designating authority may issue a DPO replacing the concerned member of the Accreditation Committee or Secretariat.

5. Functions.
 - a. Accreditation Committee:
 1. Recommend approval or disapproval of application for accreditation of CSOs;
 2. Hear and recommend disposition of cases concerning revocation of accreditation, disqualification and blacklisting of CSOs;
 3. Conduct continuing verification of accredited CSOs;
 4. Advise the DOH through its concerned offices with respect to the management and implementation of CSO accreditation guidelines;
 5. Issue resolutions to clarify, improve and streamline the process of accreditation of CSOs, including but not limited to prescribing schedules for calls for accreditation, for efficient and timely disposition of applications; and
 6. Recommend to the Secretary of Health policy actions to be taken with respect to CSO accreditation.

The matrix of roles and functions of each of the members of the Accreditation Committee is attached as Appendix "2."

- b. Secretariat:
 1. Receive and conduct initial review applications of CSOs applying for accreditation;

2. Ensure the posting of notices to the public regarding pending applications for accreditation;
 3. Receive Sworn Complaints/Oppositions and submit the same to the Accreditation Committee for deliberation;
 4. Conduct validations, ocular inspections or spot checks;
 5. Prepare the Inspection and Validation Reports;
 6. Prepare minutes of meetings, resolutions, decisions, and certificates and all documents in assistance to the Accreditation Committee;
 7. Ensure that the Registry of Accredited CSOs is updated, and that concerned CSOs are notified of the status of their accreditation;
 8. Prepare the list of accredited CSOs and ensure that the list is posted and updated in the DOH website every quarter of the year in coordination with the Knowledge Management and Information Technology Service (KMITS);
 9. Keep and maintain a record of all documents related to the application for CSO accreditation, including revocation, disqualification and blacklisting proceedings, if any; and
 10. Perform all related tasks that may be assigned by the Accreditation Committee.
6. Quorum. A majority of the number of the members of the Accreditation Committee shall constitute a quorum for the exercise of the functions provided in this Order. Any resolution of the Accreditation Committee shall be valid when decided by at least a majority of the members constituting a quorum.

B. CRITERIA FOR ACCREDITATION

1. Minimum criteria for CSO accreditation:
 - a. The presence of the CSO in its stated address and area of operation has been validated;
 - b. An identified membership and leadership, and defined organizational structure;
 - c. Good standing with all government agencies from which the CSO has received public funds;
 - d. Not in default or in delay in liquidating any public funds received from any government agency;
 - e. Must have a proven track record and good standing in undertaking civil society works;
 - f. Must not have any Director, Trustee, Officer or key personnel related within the fourth (4th) civil degree of consanguinity or affinity to any DOH official involved in the processing of its accreditation, or any official of the DOH unit or entity funding the program or project to be implemented by the CSO; and
 - g. Must have proven legal existence.
2. All CSOs applying for accreditation must have operated at least three (3) years prior to the date of application for accreditation in the Technical Areas or Focus of Activity being applied for.
3. In case of a cooperative which applies to be a CSO partner, the submission of a certificate of registration and certificate of compliance as issued by the Cooperative Development Authority (CDA) specifically for that purpose including meeting the minimum criteria stated in this section shall be sufficient for it to qualify as a CSO partner.

4. The minimum criteria provided herein shall be deemed modified by any subsequent law providing a new set of minimum criteria for the accreditation of CSOs without need of further amendment.

C. THE ACCREDITATION PROCESS

The following procedure shall be observed in the accreditation of CSOs:

1. **Filing of the Application.** Any CSO that seeks accreditation shall submit to the Secretariat, personally or by mail, the required documents enumerated in Annex "A", and two (2) sets of a duplicate copy of the same. The original copy shall be retained by the Accreditation Committee, and the duplicate copies shall be retained by the Accreditation Secretariat which received the application and the Office of the Undersecretary for HRT, respectively.

CSOs which have presence and operation in at least two or more regions shall file their applications with the Central Accreditation Secretariat.

CSOs which have stated address and area of operation in the same region, shall file their applications with the respective Regional Accreditation Secretariat.

Applications for renewal of accreditation shall only be filed with the Secretariat which received the original application for accreditation.

All applications filed by mail shall be addressed to the Accreditation Committee of the receiving Secretariat.

2. **Initial Review of Documentary Requirements.** Upon receipt of the application, the Secretariat shall check the completeness of the documentary requirements submitted by using the checklist provided in Annex "A."
 - a. If the documentary requirements are found to be incomplete the Secretariat shall immediately return the same to the CSO applicant, without prejudice to its refiling.

If the CSO applicant commits any misrepresentation or falsification in any documents submitted in support of the application for accreditation, the same shall be retained to be used as evidence for blacklisting against the erring CSO.
 - b. It shall be understood that the application is deemed filed only upon submission of complete documents to the Secretariat.
 - c. The Secretariat shall notify the KMITS of such application for posting on the DOH Website to notify the public of the CSO's application for accreditation, and invite the same to submit Sworn Complaints/Oppositions against the CSO relative to its application for accreditation.
3. **Validation and Inspection.** The Secretariat shall validate the existence and operation of the CSO applicant.

Within five (5) working days from receipt of the application, the Secretariat shall conduct a site visit or ocular inspection, subject to prior notice, of the stated address

and area of operation of the CSO applicant. The Inspection Report shall narrate the findings of the ocular inspection and site visit.

Within five (5) working days from receipt of the Inspection Report, the Secretariat shall endorse a Validation Report to its respective Accreditation Committee. The Secretariat shall attach to the Validation Report the original set of copy of the documentary requirements of the application and the Inspection Report. The Validation Report shall also contain a summary of findings or highlights of the validation, including but not limited to the review of submitted documents, ocular inspection and site visit.

To facilitate the validation of CSOs having multiregional presence, the Central Secretariat may request a Regional Secretariat where the applicant CSO's stated address and/or area of operation is located to conduct site visits or ocular inspections. Upon receipt of the request, the Regional Secretariat shall immediately conduct an inspection. The Regional Secretariat which conducted the inspection shall prepare and transmit to the Central Secretariat the Inspection Report within five (5) working days from receipt of the request. (Copies of the Validation Report, Request for Inspection and Inspection Report are attached as Annexes "B," "B-1" and "B-2").

4. Assessment of Application.

- a. The Accreditation Committee shall evaluate the application and attached documents based on the criteria for accreditation provided in this Order;
- b. During the evaluation, the Accreditation Committee shall consider all information on record including accomplishments and previous complaints;
- c. If the Accreditation Committee deems it necessary, it may conduct further background check, through any of the following:
 1. Require the CSO applicant to submit original or certified true copies in support of documents already submitted in case of questionable documents;
 2. Interview or meeting with directors, trustees, officers or key personnel of the CSO applicant, or any person with past or present substantial dealings with the CSO applicant;
 3. Conduct further validation visits through the Secretariat, if necessary; and
 4. Invite resource persons to give expert advice on Technical Areas or Focus of Activity of the CSO applicant, or any other matter requiring technical assistance.
- d. If the CSO applicant claims several Technical Areas or Foci of Activity, but the Accreditation Committee finds that the CSO applicant does not have sufficient experience, resources and technical and financial capability for some of the claimed Technical Areas or Foci of Activity, the Accreditation Committee shall still recommend the issuance of a Certificate of Accreditation but only for the Technical Areas or Foci of Activity where the CSO applicant has sufficient experience, resources and technical and financial capability.
- e. In the assessment of applications, the respective DOH COA Resident Auditors and DOH Internal Auditors may be invited to attend all meetings of the Accreditation Committee as observers.

- f. The Accreditation Committee shall endorse to the Undersecretary for HRT the application documents with a resolution recommending either approval or disapproval of the application within seven (7) working days from receipt of the application documents. In case of a recommendation approving the application, the resolution shall be accompanied by a draft Certificate of Accreditation. In case of a recommendation denying an application, the resolution shall be accompanied by a draft Letter of Disapproval stating the reasons of the denial.

D. ISSUANCE OF CERTIFICATE OF ACCREDITATION

Within three (3) working days from receipt of the recommendation of the Accreditation Committee, the Undersecretary for HRT, or his authorized representative, shall take action on the application by either approving or disapproving the application. In either case, the Undersecretary for HRT shall:

1. Grant the application for accreditation by issuing a Certificate of Accreditation in favor of the CSO applicant (Annex "C") if the CSO applicant meets all the criteria for accreditation; or
2. Deny the application for accreditation by issuing a Letter of Disapproval, without prejudice to a reapplication for accreditation, unless otherwise disallowed under this Order.

E. NOTIFICATION AND RECORD KEEPING

After taking action on the application, the Undersecretary for HRT shall immediately forward copies of the application documents to the Central Secretariat and the Secretariat which received the application. Upon receipt of the application documents:

1. The Central Secretariat shall immediately update the Central Registry of Accredited CSOs (attached as Annex "D"), and notify the KMITS to update said Registry posted in the DOH website;
2. The Secretariat which received the application shall notify the CSO applicant of the status of its application, and release the Certificate of Accreditation or Letter of Disapproval, as may be proper.

A Process Flow of the Accreditation of CSOs is attached as Appendix "3."

F. COVERAGE AND VALIDITY OF THE CERTIFICATE OF ACCREDITATION

1. Certificate of Accreditation shall be valid only for the Technical Areas or Focus of Activity specifically stated therein.
2. The Certificate of Accreditation shall be valid for a period of three (3) years from the date of issuance unless sooner revoked. In no case shall the period of validity of a Certificate of Accreditation be extended.
3. The CSO may apply for renewal of accreditation ninety (90) days prior to the expiration of the Certificate of Accreditation. In case of renewal, the concerned CSO shall still undergo the accreditation process upon submission of documentary

requirements. However, the application for renewal shall be exempt from site inspection of the Secretariat for purposes of validation, unless otherwise directed by the Accreditation Committee.

G. REPORTING AND CONTINUING VERIFICATION

1. Every accredited CSO that enters into an agreement with the DOH or any other government agency involving the transfer of government or public funds shall submit to the concerned Accreditation Committee a copy of the agreement, within three (3) working days from entering into the same.
2. Also, every accredited CSO shall submit to its respective Accreditation Committee, the following:
 - a. Annual accomplishment report of the utilization of funds received from the DOH,
 - b. Recent annual financial report certified under oath by the Chairperson or the Treasurer, and
 - c. An annual report of all material changes and updates on accreditation documents, if any.

The submission of financial and accounting records shall comply with the latest guidelines prescribed by the COA.

However, the ultimate responsibility in selection of the CSO as implementing entity, the actual transfer of funds from DOH to the CSO, and the liquidation or audit of transferred funds shall fall upon the DOH Office which transferred funds to the CSO.

3. The grant, utilization, accounting and auditing of funds released to CSOs shall be subject to the provisions of COA Circular 2007-001 and such other applicable issuances of the Commission on Audit (COA) and Department of Budget and Management (DBM).
4. The Accreditation Committee through its Secretariat may form monitoring teams to conduct unannounced spot checks to validate the veracity of any statement or information contained in any document that the CSO applicant submitted in support of its application.

H. GROUNDS FOR REVOCATION OF ACCREDITATION

The Certificate of Accreditation, after due process, shall be revoked for any of the following reasons:

1. Continuous suspension of its operations for a period of at least six (6) months;
2. Misrepresentation in, or falsification of, any document submitted in support of the application for accreditation of the CSO;
3. Failure by the CSO to comply with the terms of reference of the Memorandum of Agreement with DOH or any government agency involving the transfer of government or public funds, which may include delay or default in liquidating any funds received from the DOH or any government agency;

4. Violation by the CSO, of any law, rule or regulation involving the use of government or public funds received from a government agency;
5. Bankruptcy or insolvency of the CSO;
6. Revocation, cancellation or expiration of the principal or any secondary registration or license or permit required by the CSO, or any material license or permit required by the CSO to operate;
7. Failure to comply with any of the obligations stated in this Order, including but not limited to submission of required reports; and
8. Any other cause analogous to the foregoing.

I. REVOCATION PROCEEDINGS

1. Revocation proceedings shall be initiated when the Accreditation Committee or the Accreditation Secretariat, which received and evaluated a CSO's application for accreditation, receives a Sworn Complaint/ Opposition from any individual/organization alleging, any of the grounds provided in the preceding Section. The Accreditation Committee may, on its own, initiate revocation proceedings on its own when it discovers, any of the grounds for revocation of accreditation committed by a CSO.

No anonymous complaint shall be entertained unless there is obvious truth or merit to the allegations therein or supported by documentary or direct evidence, in which case the CSO complained of shall be required to comment.

2. Within five (5) working days from initiation of Revocation Proceedings, the Accreditation Committee shall issue an Order directing the concerned CSO to submit within fifteen (15) working days from receipt of such Order, a sworn answer or explanation regarding the same.
3. The Accreditation Committee may, on its own or upon motion of any of the parties, hold a hearing to allow the concerned parties to present evidence and arguments in their respective favor.

Within thirty (30) working days from hearing, or from determination that a hearing is not necessary, or from expiration of the period to file a sworn answer if no such sworn answer is filed, the Accreditation Committee shall transmit the report of its investigation, with a corresponding recommendation to either dismiss the complaint or revoke the Certificate of Accreditation of the CSO to the Undersecretary for HRT. The report shall be accompanied by a draft decision.

4. Within three (3) working days from receipt of the report of the Accreditation Committee, the Undersecretary for HRT shall take action thereon by either approving or disapproving the report and the draft decision.
5. The signed decision of the Undersecretary for HRT shall be forwarded to the Central Secretariat to notify the concerned CSO, update the Registry of Accredited CSOs, and notify the KMITs to update the registry posted on the DOH website.

The Central Secretariat shall likewise furnish the Accreditation Committee a copy of the Decision of the Undersecretary for HRT.

6. Every decision of revocation of accreditation of CSOs shall carry with it an order of disqualification and/or blacklisting.

J. DISQUALIFICATION AND BLACKLISTING

1. A CSO whose Certificate of Accreditation is revoked for the first time shall be disqualified from applying for accreditation for a period of one (1) year from the date of revocation.
2. A CSO whose Certificate of Accreditation is revoked for the second time shall be blacklisted and perpetually disqualified from applying for accreditation. However, if the ground for revocation is misrepresentation or falsification or violation of any law, rule or regulation involving the use of public funds, the CSO shall be immediately blacklisted and perpetually disqualified from applying for accreditation.

In the event that the misrepresentation or falsification or violation of any law, rule or regulation involving the use of public funds is discovered or reported during the application for accreditation, the Accreditation Committee shall initiate blacklisting proceedings against the erring CSO. The same procedure for revocation of accreditation shall be adopted in the disqualification and blacklisting proceedings against the erring CSO.

A Process Flow for the Revocation of Accreditation, Disqualification and Blacklisting Proceedings is attached as Appendix "4."

3. The foregoing shall be without prejudice to any other legal action that may be taken against the CSO, and/or any or all of its incorporators, organizers, directors, trustees or officers.

K. APPEAL

The decision of the Undersecretary for HRT regarding the accreditation and proceedings involving revocation, disqualification and blacklisting, as the case may be, shall be immediately executory. However, an aggrieved party may appeal from such decision by submitting a Memorandum of Appeal to the Secretary of Health within (15) days from notice thereof.

L. FUNDING

Expenses incurred by the Central Accreditation Committee and Central Accreditation Secretariat in relation to the implementation of this Order shall be charged against the funds of the HRT. Expenses incurred by the Regional Accreditation Committee and Regional Accreditation Secretariat shall be charged against the funds of their respective CHDs. The expenses shall be subject to usual accounting and auditing rules and regulations.

M. COMPLIANCE WITH LAWS

The Accreditation Committee shall observe the requirements of related laws and issuances in the accreditation of CSOs. Requirements of R.A. No. 9485 or the Anti Red Tape Act, as amended by R.A. No. 11032 or the Ease of Doing Business Act shall be observed. The Accreditation Committee shall endeavor to comply with the periods provided herein at all times unless otherwise excused under justifiable circumstances.

In order to streamline procurement proceedings, the Accreditation Committee shall coordinate with various offices to reduce red tape and ensure ease of doing business.

N. ROLES AND RESPONSIBILITIES OF STAKEHOLDERS

The following are the roles and responsibilities of the stakeholders in the Accreditation of CSOs:

1. Health Regulation Team and Centers for Health Development (HRT and CHDs)- Provide necessary funding for the accreditation of CSOs including but not limited to expenses for validation and inspection of stated addresses and areas of operation, expenses for personnel and maintenance and operation.
2. Knowledge Management and Information Technology (KMITS)- Ensure that applications for accreditation of CSOs and the Registry of Accredited CSO are promptly uploaded and regularly updated in the DOH Website.
3. Civil Society Organizations (CSOs)- Strictly comply with the requirements for accreditation under this Order including but not limited to submission of complete application and reportorial documents.

VII. SEPARABILITY CLAUSE

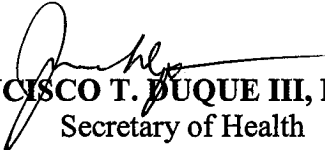
If, for any reason, any part or provision of this Order is declared invalid or unconstitutional, any part or provision not affected thereby shall remain in full force and effect.

VIII. REPEALING CLAUSE

Any orders inconsistent with the foregoing sections are hereby rescinded accordingly.

IX. EFFECTIVITY

This Order shall take effect fifteen (15) days after publication in at least one (1) newspaper of general circulation and after filing with the University of the Philippines (UP) Law Center three (3) certified true copies of this Administrative Order.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

DECLARATION OF CONFLICT OF INTERESTS

1. CURRENT FINANCIAL INTEREST

To your knowledge, do 1) you, your spouse, minor child, general partner, 2) organization in which you serve as officer, director, trustee, general partner, or employee and/or 3) entity with whom you are negotiating or have arrangement concerning prospective employment have any current involvement or financial link with civil society organizations involved in health related programs and activities?

a. INVESTMENT (e.g. stocks, bonds, retirement plans, trust, partnership, NONE (if "none," skip to item b.)

ESTABLISHMENT	TYPE OF INVESTMENT	OWNER (SELF, SPOUSE, ETC.)	NUMBER OF SHARES	CURRENT VALUE	CHECK PERCENTAGE NET WORTH		
					LESS THAN 5%	5-15%	MORE THAN 15%

b. EMPLOYMENT (Full or Part Time) (Current or under negotiation) NONE (if "none" skip to item c.)

ESTABLISHMENT	RELATIONSHIP	POSITION IN FIRM	DATE OF EMPLOYMENT OR NEGOTIATIONS BEGAN

c. CONSULTANT/ ADVISORY (Current or under negotiation) NONE (if "none" skip to item d.)

ESTABLISHMENT	TOPIC/ISSUE	AMOUNT RECEIVED	DATE FROM	DATED TO	RELATED TO LISTED PRODUCTS/INDICATIONS/ISSUES

D. CONTRACTS/GRANTS (Current or under negotiation)

NONE (if "none" skip to item e.)

TYPE OF AGREEMENT (CONTRACT/GRANT)	PRODUCT UNDER STUDY AND INDICATORS	AMOUNT OF REMUNERATION TO		TIME PERIOD	SPONSOR*	YOUR ROLE**	AWARDEE	RELATED TO LISTED PRODUCTS/INDICATION/ISSUES
		INSTITUTION	YOU					
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO

*Government, Establishment, Institution, Individual

**Site Investigator, Principal Investigator, Co-Investigator, Employee, Partner, No Involvement, or Other

E. INTELLECTUAL PROPERTY

NONE (if "none" skip to item f.)

FOR	ESTABLISHMENT	RELATED TO IDENTIFIED ISSUE	"IF YES," EXPLAIN BELOW
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

f. EXPERT WITNESS (last 12 months or under negotiation)

NONE (if "none" skip to item g.)

I appeared for or against the following listed establishment(s) and issue(s)

FIRM AND ISSUE	AMOUNT RECEIVED	RELATED TO IDENTIFIED ISSUE	"IF YES," EXPLAIN BELOW
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

g. SPEAKING/WRITING (last 12 months or under negotiation)

FIRM	TOPIC/ISSUE	AMOUNT RECEIVED		DATES	RELATED TO IDENTIFIED ISSUE
		HONORARIUM	TRAVEL		
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

2. PAST FINANCIAL INTERESTS

a. To your knowledge, do 1) you, your spouse, minor child, general partner, 2) organization in which you serve as an officer, director, trustee, general partner, or employee have any past involvement with the identified issue:

YES NO NOT TO MY KNOWLEDGE

b. If "Yes," describe involvement.

FIRM/PRODUCT	FINANCIAL INVOLVEMENT (e.g. contract consultant)	ROLE	DATES	RELATED TO IDENTIFIED ISSUE:
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

3. OTHER INVOLVEMENTS (Other Kinds of Relationships)

Considering the identified issue, indicate anything that would give an "appearance" of a conflict of interest which has not been disclosed above (e.g. involvement in a lawsuit, researcher initiated study, gift of materials, etc.)

IF MORE SPACES IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES

CONSENT TO DISCLOSURE

By completing and signing this form, you consent to the disclosure of any relevant conflicts to other meeting participants and in the resulting report or work product.

DECLARATION

I hereby declare on my honor that the disclosed information is true and complete to the best of my knowledge.

Should there be any change to the above information, I will promptly notify the responsible staff of the DOH and complete a new declaration of interests form that describes the changes. This includes any change that occurs before or during the work itself and through the period up to the publication of the final results or completion of the activity concerned.

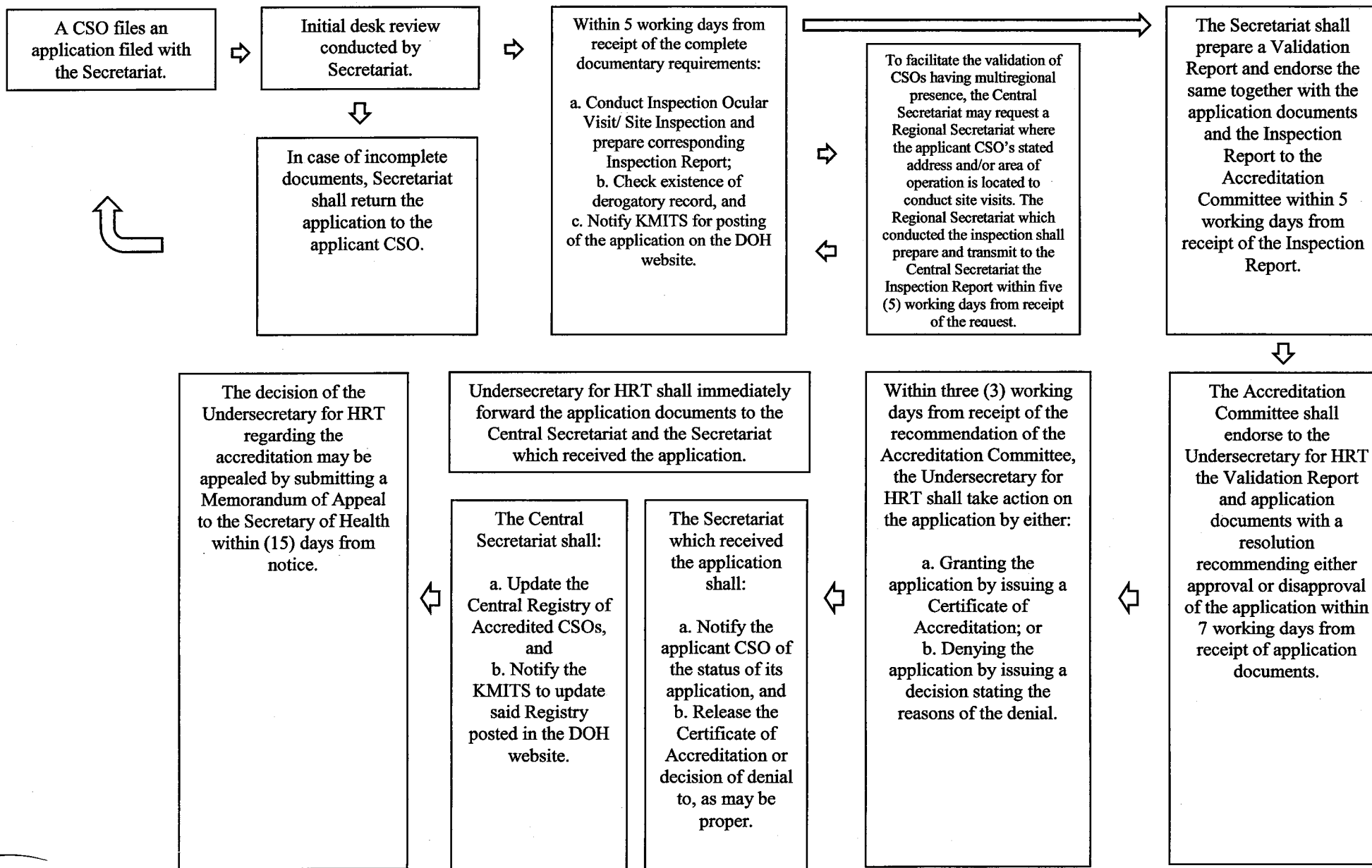
DATE:

NAME & SIGNATURE:

A handwritten signature in black ink, appearing to be a stylized name, located in the bottom right corner of the page.

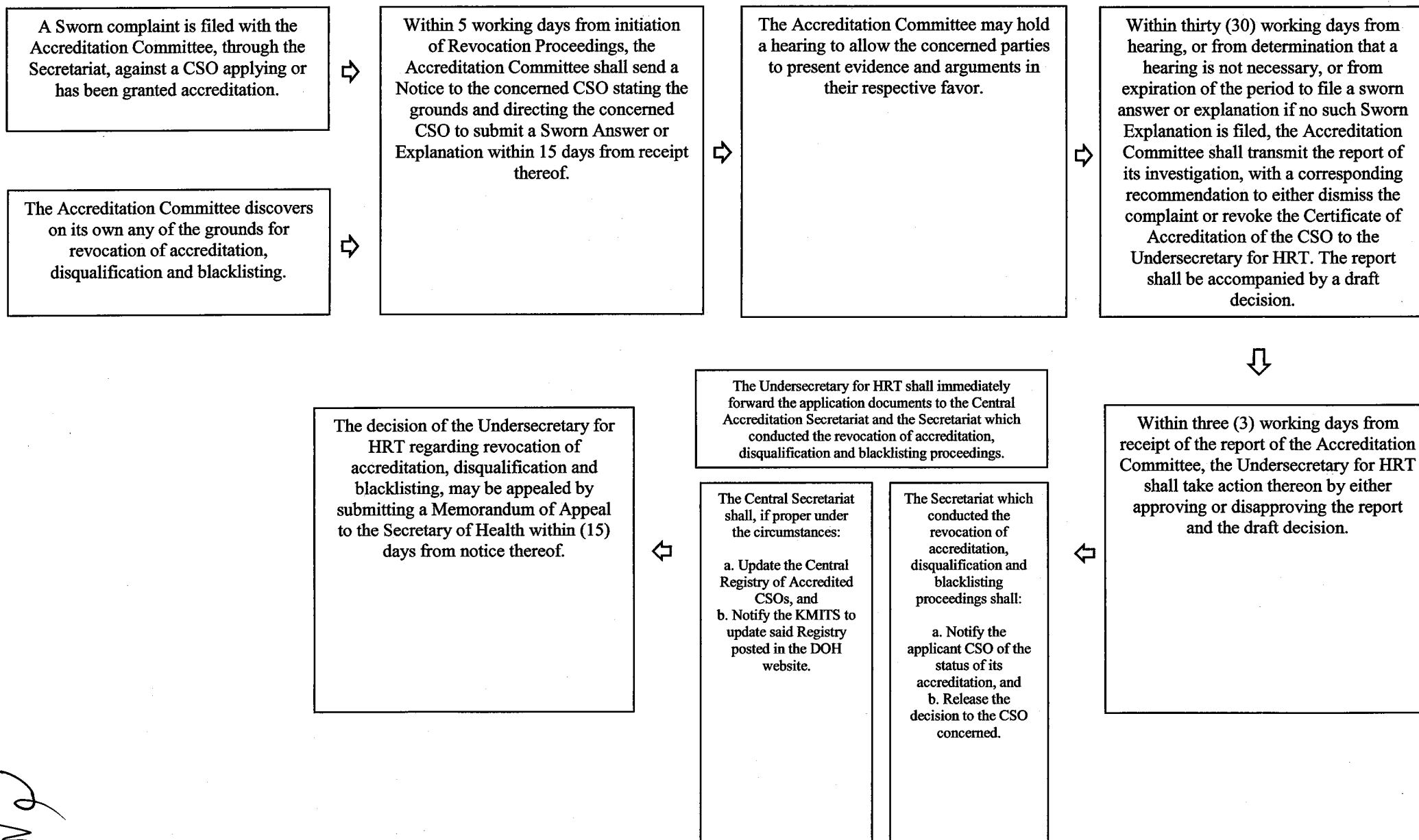
Central Accreditation Committee	Regional Accreditation Committee	Roles and Functions
Assistant Secretary for HRT	Assistant Regional Director	Act as chairperson, call and preside the meetings of the Accreditation Committee
LS Representative	CHD Legal Officer	<ul style="list-style-type: none"> a. Act as vice chairperson, call and preside the meetings of the Accreditation Committee in the absence of the chairperson; b. Provide technical assistance on all legal matters in relation to the accreditation of CSOs; and c. Coordinate with the members of the Accreditation Committee and the Secretariat in the drafting of resolutions and/or decisions for approval or disapproval of the Undersecretary for HRT.
DPCB, HFSRB, BLHSD and FMS Representatives	LHSD, RLED, HSDD and MD Representatives	<ul style="list-style-type: none"> a. Provide technical assistance in assessing the track record and standing of the applicant CSO in relation to the technical areas of activity or focus of activity being applied for; b. Monitor compliance of accredited CSOs with reportorial requirements; and c. Recommend conduct of spot checks as part of the Accreditation Committee's function of continuing validation.

PROCESS FLOW OF THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS



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PROCESS FLOW OF REVOCATION OF ACCREDITATION, DISQUALIFICATION AND BLACKLISTING PROCEEDINGS



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Republic of the Philippines
DEPARTMENT OF HEALTH

**CHECKLIST OF DOCUMENTARY REQUIREMENTS
 FOR APPLICATION/ RENEWAL
 OF ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS**

In support of the application of the CSO, the following documents were submitted together with two (2) sets of a duplicate copy of the same. Please note of the findings and observations on the required documents pertaining to their completeness and authenticity.

Name of the Civil Society Organization (CSO): _____

Principal Address: _____

Type of Application: New Renewal

Date of Application: _____

Requirements	Compliance		Remarks
	Yes	No	
1. Accomplished Application Form (Annex "A-1")			
2. Board Resolution (Annex "A-2")			
3. Location Sketches and Photographs of the principal office and satellite offices (if any)			
4. Organizational Chart			
5. Data Sheet of directors, trustees, officers and key employees with attached resumes/ curricula vitae (Annex "A-3")			
6. Omnibus Sworn Statement (Annex "A-4")			
7. Original or certified true copies of the following for the past three (3) years: a. Certificate of Registration from the Securities and Exchange Commission (SEC), and/or either the Cooperative Development Authority (CDA) or			

<p>the Department of Labor and Employment (DOLE), as the case maybe; and</p> <p>b. Latest Articles of Incorporation or the Articles of Cooperation, as the case may be, By-Laws and General Information Sheets</p>			
<p>8. Original or certified true copies of Secondary Permit, License or Registration (if applicable, e.g. issued by the Department of Social Welfare and Development [DSWD] for Social Welfare and Development Agencies [SWDA])</p>			
<p>9. Original or certified true copies of the Certificate of Registration, Annual Income Tax Returns and Audited Financial Reports/Statements issued or as filed with the Bureau of Internal Revenue (BIR) for the past three (3) years</p>			
<p>10. List of Projects and Programs within the past three (3) years, for which the CSO received public funds from any government agency certified under oath by the responsible officer of the CSO, if applicable (<i>Annex "A-5"</i>)</p>			
<p>11. List of Projects and Programs within the past three (3) years, for which the CSO did not receive any public funds from any government agency certified under oath by the responsible officer of the CSO, if applicable (<i>Annex "A-6"</i>)</p>			
<p>12. Original Certificate of Good standing issued by SEC, CDA or DOLE issued not more than (3)</p>			

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months prior to the application			
13. Original Certificate of Good standing issued by each government agency from which the CSO received public funds, if any, issued not more than (3) months prior to the application			
14. Original Certificate of Affiliation and Certificate of Good Standing issued by the umbrella group to which the CSO belongs, if any, issued not more than (3) months prior to the application			
15. Original Recommendation Letters stating positive feedbacks or good performance or certification of previous completed projects from at least two (2) public or private entities with which the applicant had previously engaged or partnered in relation to the Technical Areas or Focus of Activity stated in the application for accreditation			
16. Internal Policy or Guidelines of the CSO on monitoring and evaluation to be able to ensure that the government funds will be used for the intended purpose			

The following actions were taken relative to the receipt of the application documents of the applicant CSO:

- Received after initial desk review.
- Returned to the Applicant CSO for the following reasons:

- Other actions taken, if any:

Initial desk review conducted by:

Name and Signature of the Secretariat: _____

Designation: _____

Date: _____





Republic of the Philippines
DEPARTMENT OF HEALTH

APPLICATION FORM FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATION/S (CSO) AS IMPLEMENTING ENTITIES OF GOVERNMENT OR PUBLIC FUNDS

Type of application: New Application For renewal

Previous DOH CSO Accreditation No.	
Date Issued	
Date of Expiration	

BASIC INFORMATION:

Complete name of CSO <i>(as stated/indicated on the registration papers)</i>		
Other Name <i>(e.g., acronym, short name, previous name, etc.)</i>		
Principal Address	No. and Street	
	Barangay	
	City or Municipality	
	Province	
	Zip Code	
Head of CSO	Name	
	Position/Designation	
Contact details	Landline No.	
	Mobile No.	
	E-mail address	
	Website	
Information on Branches and/or Satellite Office/s, if there are any <i>(Use separate paper if there are more than 2 branches and /or</i>	Number of Branches/Satellite Offices	
	No. and Street	
	Barangay	
	City or Municipality	
	Province	

<i>Satellite office/s following the same format provided herein)</i>	Zip Code	
Coordinator/Staff-in-Charge of Branch or Satellite Office/s	Name	
	Position/Designation	
	Contact number	
Principal Registration	Agency (SEC, CDA or DOLE)	
	Registration No.	
	Date Registered	
Business Permit	Place	
	No.	
	Valid Until	
Purposes <i>(as stated in Articles of Incorporation or Articles of Cooperation)</i>		
Government Agencies (GAs) from which the CSO expects to receive public funds		
Estimated amount of public funds to be requested from the GAs		

PROGRAM/PROJECT PROFILE:

Technical Expertise <i>(pls. check appropriate box)</i>	Title of the programs/projects implemented and/or being implemented for the past three (3) years.	Geographical Areas of Coverage <i>(pls. indicate specific location as to the Barangay, City/Municipality, Province and Region)</i>	Beneficiaries/ Clientele <i>(pls. indicate specific sector: Fisherfolks, Farmers, Persons with Disabilities, Children, Indigenous People, Older Persons, Cooperative members, etc.)</i>
<input type="checkbox"/> Delivery of Basic Services			
<input type="checkbox"/> Health Promotion			
<input type="checkbox"/> Health Human Resource Development			
<input type="checkbox"/> Disease			

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Prevention and Control			
<input type="checkbox"/> Sexually Transmitted Diseases (e.g. HIV/AIDS)			
<input type="checkbox"/> Traditional and Alternative Health Care			
<input type="checkbox"/> Health Research and Development			
<input type="checkbox"/> Medicine Access			
<input type="checkbox"/> Environmental Sanitation and Access to Safe Water			
<input type="checkbox"/> Health Governance			
<input type="checkbox"/> Women and Youth Empowerment			
<input type="checkbox"/> Reproductive Health and Family Planning			
<input type="checkbox"/> Rehabilitation and Recovery Support			
<input type="checkbox"/> Food Safety			
<input type="checkbox"/> Communicable Diseases			
<input type="checkbox"/> Health Emergency Management			
<input type="checkbox"/> Persons with Disabilities (PWDs)			
<input type="checkbox"/> Senior Citizens			
<input type="checkbox"/> Gender and Development			
<input type="checkbox"/> Infant and Child Health			

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<input type="checkbox"/> Others (please specify)			
--	--	--	--

PLANS FOR EXPANSION:

Technical Expertise <i>(pls. check appropriate box)</i>	Title of the programs/projects being planned to be implemented for the next three (3) years.	Geographical Areas of Coverage <i>(pls. indicate specific location as to the Barangay, City/Municipality, Province and Region)</i>	Beneficiaries/ Clientele <i>(pls. indicate specific sector: Fisherfolks, Farmers, Persons with Disabilities, Children, Indigenous People, Older Persons, Cooperative members, etc.)</i>
<input type="checkbox"/> Delivery of Basic Services			
<input type="checkbox"/> Health Promotion			
<input type="checkbox"/> Health Human Resource Development			
<input type="checkbox"/> Disease Prevention and Control			
<input type="checkbox"/> Sexually Transmitted Diseases (e.g. HIV/AIDS)			
<input type="checkbox"/> Traditional and Alternative Health Care			
<input type="checkbox"/> Health Research and Development			
<input type="checkbox"/> Medicine Access			
<input type="checkbox"/> Environmental Sanitation and Access to Safe Water			
<input type="checkbox"/> Health Governance			
<input type="checkbox"/> Women and Youth			

Empowerment			
<input type="checkbox"/> Reproductive Health and Family Planning			
<input type="checkbox"/> Rehabilitation and Recovery Support			
<input type="checkbox"/> Food Safety			
<input type="checkbox"/> Communicable Diseases			
<input type="checkbox"/> Health Emergency Management			
<input type="checkbox"/> Persons with Disabilities (PWDs)			
<input type="checkbox"/> Senior Citizens			
<input type="checkbox"/> Gender and Development			
<input type="checkbox"/> Infant and Child Health			
<input type="checkbox"/> Others (please specify)			

STAFF:

<i>Indicate no. of current personnel</i>	Full-time/Regular	Part-time	Project-Based	Volunteer
Management				
Technical				
Administrative				
TOTAL				

SOURCES OF OPERATIONAL FUNDS: *(indicate the names of sponsors/benefactors/donors providing support to CSO to maintain its operations for the last three (3) years)*

No.	Local	No.	Foreign
1		1	
2		2	
3		3	
4		4	
5		5	

5
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AUTHORIZATION:

On behalf of the CSO Applicant, I hereby:


- (a) Authorize the DOH to inspect the premises of the office(s) of the CSO Applicant, as well as the site of any past or present project or program of the CSO Applicant, and**
- (b) Authorize any concerned person to disclose to the DOH any fact material to the validation of any information provided by the CSO Applicant in this application or in any of the documents submitted in support thereof.**

AFFIANT – Authorized Representative	Signature	
	Name	
	Position/Designation	
Date executed		
Place executed		

SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification document:

Government ID Type and No.	
Place and date of issue	
Valid until	

Doc. No.		Signature	
Page No.		Name of Notary Public	
Book No.		Address	
Series of		Commission valid until	

6 

BOARD RESOLUTION

WHEREAS, _____
(Name of CSO)

located at _____
(CSO Address)

RESOLVED to apply to the Department of Health (DOH) for the Accreditation of Civil Society Organization (CSO) as beneficiary of government or public funds;

RESOLVED, to authorize _____
(Name of Authorized Representative/s)

_____ as the sole representative of
(Designation of Authorized Representative/s)

the CSO to represent in the filling-up of necessary application with the DOH.

UNANIMOUSLY APPROVED on _____
(Date of Approval)

Officers		Position	Valid ID	Residential Address	Contact Numbers
Full Name	Signature				

Conformed by:

(Name and Signature of the Head of CSO)

Certified Correct

(Name and Signature of the Secretary)

SUBSCRIBED AND SWORN to before me this _____ day of ____ 20____, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Application for CSO Accreditation before me and acknowledged that he/she executed the same.

NOTARY PUBLIC

Doc. No. _____;
 Page No. _____;
 Book No. _____;
 Series of 20 _____.



DATA SHEET OF DIRECTORS, TRUSTEES, OFFICERS AND KEY EMPLOYEES

As of _____
 (Updated at least 3 months before the application)

Name of the CSO: _____

Address: _____

A. Profile of Board of Directors/Trustees

Names of Board Officers and Members (Last name, First name, Middle name)	Position Title	Educational Attainment	Home Address	Contact Numbers	Nationality	Government-issued valid ID			1x1 picture taken within the last three months
						ID type	Number	Date Issued	

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B. Profile of Key Employees

<i>Names of Key Employees and Position/Designation</i> (Indicate if Regular, Casual, Contractual or Volunteer)	<i>Place of Assignment</i> (Indicate name of Office/Unit and location)	<i>Educational Attainment</i>	<i>Home Address</i>	<i>Contact Numbers</i>	<i>Nationality</i>	<i>Government-issued valid ID</i>			<i>1x1 picture taken within the last three months</i>
						<i>ID type</i>	<i>Number</i>	<i>Date Issued</i>	

The resumes/ curriculum vitae of the directors, trustees and key personnel of the applicant CSO are attached in the order stated herein.

Certified true and correct:

Name and Signature of Secretary of the Board

Date

OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES
PROVINCE OF _____
CITY/MUNICIPALITY OF _____

I (Name of CSO Head or Authorized Representative), (Nationality), of legal age designated as (Position) of (Name of CSO), with registered address located at (Registered CSO Address), do hereby certify the following:

- THAT, the CSO has authorized the application for accreditation, and has authorized the person actually filing the application to represent the CSO in the application;
- THAT, all the supporting documents are authentic, true and correct;
- That, the CSO is not in default or delay in liquidating public funds received from any government agency (GA);
- That, neither the CSO nor any of its members/s has been blacklisted by any GA;
- That, none of members of the CSO has been convicted in any case, or is currently a defendant/accused/respondent in any pending case, related to the use of public funds;
- That none of its incorporators, organizers, directors or officials is an agent of or related by consanguinity or affinity up to the fourth civil degree to the official involved in the processing of this accreditation.
- CSO is authorizing the DOH Accreditation Committee or its duly authorized agents to verify all documents submitted and require additional documents as the case may be, conduct ocular inspection of the principal and satellite offices of the CSO and/or the site of any past or present project or program of the applicant, and to interview any or all of the directors, trustees, officers, or key personnel of the CSO, or any person with past or present dealings with the CSO;
- That, the CSO is aware of, understands and agrees to abide by the guidelines for accreditation of CSOs; and

Hereby declare:

- Other businesses and employment of the CSO and its key personnel (indicate none, if not applicable):



I HEREBY DECLARE UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING ATTESTATIONS ARE TRUE AND CORRECT.

(Signature over Printed Name of the Head or Authorized Representative of the CSO)

(Date)

SUBSCRIBE AND SWORN to before me this _____ day of ____ 20____, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Sworn Certification before me and acknowledged that he executed the same.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 20 _____.

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**LIST OF ON-GOING AND COMPLETED PROJECTS AND PROGRAMS
USING GOVERNMENT OR PUBLIC FUNDS**

(From Year _____ to Year _____)

Note: Covered Period – for the past 3 years if new application. Please use additional sheet/s, if necessary.

Name of the CSO: _____

<i>Title of the Project/s or Program/s with brief description</i>	<i>Beneficiary Areas or area/s where the program/s are implemented</i>	<i>Number and specific sectors of beneficiaries served</i>	<i>Name and designation of person/s in-charge of the program/project</i>	<i>Funding Agency/ies (NGAs, LGUs.)</i>	<i>Total amount received</i>	<i>Unliquidated amount of the funds received if any</i>	<i>CSO Counterpart</i>	<i>Date started</i>	<i>Date completed</i>
A. Completed									
.									
.									
B. On-Going									
.									
.									

I hereby certify under the penalties of perjury that the information specified on this form are true and complete.

(Signature over printed name of the Head of CSO or Authorized Representative with Designation)

(Date)

SUBSCRIBED AND SWORN to before me this ___ day of _____ 20___, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Application for CSO Accreditation before me and acknowledged that he/she executed the same.

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Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 20 _____.



**LIST OF ON-GOING AND COMPLETED PROJECTS AND PROGRAMS
NOT USING GOVERNMENT OR PUBLIC FUNDS**

(From Year _____ to Year _____)

Note: Covered Period – for the past 3 years if new application. Please use additional sheet/s, if necessary.

Name of the CSO: _____

<i>Title of the Project/s or Program/s with brief description</i>	<i>Beneficiary Areas or area/s where the program/s are implemented</i>	<i>Number and specific sectors of beneficiaries served</i>	<i>Name and designation of person/s in-charge of the program/project</i>	<i>Funding Agency/ies (Private Donors, Benefactors, Sponsors, other NGOs, etc.)</i>	<i>Total amount received</i>	<i>Unliquidated amount of the funds received if any</i>	<i>CSO Counterpart</i>	<i>Date started</i>	<i>Date completed</i>
A. Completed									
.									
.									
B. On-Going									
.									
.									

I hereby certify under the penalties of perjury that the information specified on this form are true and complete.

(Signature over printed name of the Head of CSO or Authorized Representative with Designation)

(Date)

SUBSCRIBED AND SWORN to before me this ___ day of _____ 20___, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Application for CSO Accreditation before me and acknowledged that he/she executed the same.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 20 _____.



Republic of the Philippines
DEPARTMENT OF HEALTH

VALIDATION REPORT
For the Accreditation of Civil Society Organizations

I. APPLICATION

New Application

Date the application was received:

Renewal

Certificate No: _____

Date of Issuance: _____

Date of Expiration: _____

II. IDENTIFYING INFORMATION

A. Name of the Civil Society Organization (CSO): _____

B. Principal Address: _____

C. Name of Head of CSO and Designation: _____

D. Contact Numbers: _____

E. Email Address: _____

F. Website: _____

G. Government Agencies from which the CSO expect funding: _____

H. Purposes: _____

I. Technical Areas of Expertise Areas of Focus:

Technical Areas of Expertise Areas of Focus (indicate specific nature of operation)	Geographical Areas of Operation (indicate specific location)	Target Clientele (indicate specific sector)

III. DOCUMENTARY REQUIREMENTS

See attached Checklist and Original Copy of Documentary Requirements.

IV. INSPECTION REPORT

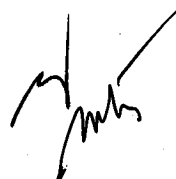
See attached Inspection Report.

V. EXISTENCE OF DEROGATORY RECORD

Requirements	Compliance		Remarks
	Yes	No	
1. No existing Revocation Order/ Blacklisting Order;			
2. Submission of annual accomplishment report, a financial report certified under oath by the Chairperson or Treasurer, and a report of all material changes and updates on accreditation documents already submitted;			
3. Absence of grounds for revocation of accreditation; and			
4. No pending revocation/blacklisting proceedings.			

VI. SUMMARY OF FINDINGS

The following are the highlights of the validation, including but not limited to the review of submitted documents, ocular inspection and site visits:



VII. ACTION ON THE APPLICATION

€ Endorse the application to the Accreditation Committee for evaluation.

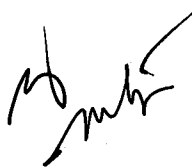
€ Other remarks: _____

Application Reviewed by:

Name and Signature of the Secretariat: _____

Designation: _____

Date: _____



"B-1" N

ANNEX "B-2"



Department of Health
DEPARTMENT OF HEALTH

REQUEST FOR INSPECTION REPORT

Requesting Office: DOH Central Office
Office requested to inspect: DOH CHD Region ___ MOH-BARMM
Date of request to inspect: _____

I. IDENTIFYING INFORMATION

- A. Name of the Civil Society Organization (CSO): _____
- B. Stated Address: _____
- C. Name of Head of CSO and Designation: _____
- D. Contact Numbers: _____
- E. Email Address: _____
- F. Technical Areas of Expertise or Areas of Focus of the CSO to be validated:

Technical Areas of Expertise or Areas of Focus	Geographical Areas of Operation (indicate specific location)	Target Clientele (indicate specific sector)

II. SITE VISIT/ OCULAR INSPECTION

Addresses to be inspected:

€ Stated Address (Principal Branch/Satellite)

€ Area of Operation

Inspection requested by:

Name and Signature of the Secretariat: _____
Designation: _____
Date: _____

"B-2" A

ANNEX "B-3"



Department of Health
DEPARTMENT OF HEALTH

INSPECTION REPORT

Inspecting Office: DOH Central Office or DOH CHD (Region ___ or MOH-BARMM)

If deputized, date of receipt of request to Office: _____

Date of actual inspection: _____

Date of submission of the inspection report: _____

I. IDENTIFYING INFORMATION

A. Name of the Civil Society Organization (CSO): _____

B. Stated Address: _____

C. Name of Head of CSO and Designation: _____

D. Contact Numbers: _____

E. Email Address: _____

F. Stated Technical Areas of Expertise or Areas of Focus of the CSO to be validated:

Technical Areas of Expertise or Areas of Focus	Geographical Areas of Operation (indicate specific location)	Target Clientele (indicate specific sector)

II. SITE VISIT/ OCULAR INSPECTION

Addresses inspected:

€ Stated Office Address (Principal Branch/Satellite)

€ Area of Operation

III. SUMMARY OF FINDINGS

In order to validate the operations and location of the CSO in their stated address and/or area of operation, provide a narrative report in the space below guided by the questions stated below. Qualitative data may be generated from observations, interviews with persons found in the area or community, texts, documents and other written materials and others.

Indicate in the narrative if the inspector has not found the CSO existing nor operating in the stated address despite exhausting all efforts to locate said CSO applying for accreditation.

GUIDE QUESTIONS

1. What was found in the stated office address or area of operation of the applicant CSO?
2. Who were the persons found in relation to the CSO and/or its declared Technical Areas of Expertise or Areas of Focus in the address inspected?
3. If address inspected is the area of operation, how does the CSO implement its declared Technical Area of Expertise or Areas of Focus in the declared Geographical Areas of Operation with respect to the target clientele?

NARRATIVE OF INSPECTION

Inspection conducted by:

Name and Signature of the Secretariat: _____

Designation: _____

Date: _____

Please attach a copy of the Inspection Request.





Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY
San Lazaro Compound, Rizal Avenue,
Sta. Cruz, Manila

This

Certificate of Accreditation

is issued to

with address at

for having satisfactorily complied with the qualification requirements of a legitimate Civil Society Organization (CSO) pursuant to the Administrative Order No. _____ dated _____, entitled "*Guidelines for the Accreditation of Civil Society Organizations (CSOs) for Healthcare and Development*".

This accreditation covers the following:

(Technical Area or Focus of Activity)

This Certificate of Accreditation is valid for three (3) years unless otherwise revoked.

Given this ___ of _____, in the City of Manila, Philippines.

By Authority of the Secretary of Health:



NAME OF UNDERSECRETARY OF HEALTH
Health Regulation Team

DOH Accreditation Number: _____

Accreditation Committee: DOH Central Office

DOH CHD (Region ___ or MOH-BARMM)

A handwritten signature in black ink, located in the bottom right corner of the page.